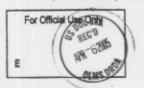
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 80-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 155	2. Fiscal Year Covered From:
2035	01 / 01 / 2004 Through: [Z / 3] / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Michelle M Zenici	Name Transport Workers Union of America
	Labor Organization File Number 556
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 4532 SANTA BARBARA DRIVE	Street 2520 W. Making Bird Lane
CITY DALLAS	City DALLAS
State T2 x A 5 ZIP Code + 4 15214	State (T) ZIP Code + 4 (75235
5. Position in labor organization.	
(except as specified in the exci A. Held an interest in, engaged in transactions (including loans) with, or	
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Southwest Airlines (a. Trade Name, if any:	John Zenici, Husband Recurrent Training / Manager Salary Wages
P.O. Box, Bidg., Room No., if any P.O. Box 3(a(a))	7 7
	7.b. Amount.
Street 2702 Love Field Drive	
Street 2702 LOVE FIELD Drive City DALLAS	53, 29 3. 60 mg.
City DALLAS State TAXAS ZIP Code +4 115235-10	
State Texas ZIP Code +4 115235-10 Signature and verification. The undersigned declares, under penalty of	nature f Perjury and other applicable penalties of the law, that all of the information rying documents), has been examined by the signatory and is, to the best of the
State TEXAS ZIP Code +4 115235-11 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	nature f Perjury and other applicable penalties of the law, that all of the information rying documents), has been examined by the signatory and is, to the best of the

ile Number U-

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or ALL N/A
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount
C. Received from any employer (other than an employer covered user from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.